MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11048

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BENEDECT X
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHAS.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BENEDECT X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) BUCKLER

4. DATE OF DEATH: (Month) NOV. (Day) 17 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: Oct 6, 1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 1 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Oystering
10b. KIND OF BUSINESS OR INDUSTRY: Oysterman
11. BIRTHPLACE (State or foreign country): ST Mary s
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Buckler
14. MOTHER'S MAIDEN NAME: Loutridcia Long

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Florence Buckler Benedict, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Chronic Myocardial Disease — Interval Between Onset And Death: Some yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — Some yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 11/17/, 1953 that I last saw the deceased alive on no, 19....., and that death occurred at 7:10 PM, from the causes and on the date stated above.

SIGNATURE Vaheh M. Serow (Degree or title) MD. ADDRESS Aquasco Md. DATE SIGNED Nov 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF NOV. 20 1953
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) Bryantown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/19/53
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 23 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11049

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Butler

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1953.

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 21 June 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alon Butler

14. MOTHER'S MAIDEN NAME: Carolina ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service: No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: John W. Butler, Bel Alton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Respiratory Collapse.	12 hours.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Uremia, etiology not determined.	10 days.
DUE TO	(c) Arteriosclerosis, Possible CA of Prostate.	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Nov., 1953, that I last saw the deceased alive on 29 Nov., 1953, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE A. Elwood. (DEGREE OR TITLE) M.D. ADDRESS La Plata Md. DATE SIGNED 30 Nov 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/2/53
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) (State) Bel Alton, Md.

DATE REC'D BY LOCAL REG. 12/1/53
REGISTRAR'S SIGNATURE Julia H Vasey
24. FUNERAL DIRECTOR James L. Ryon, Inc, Wash. D.C. ADDRESS

VS. A15 8-51

RECEIVED
DEC 8 1933
BUREAU V. S.

Item 21 Film G160 12-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

11050

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) (Last) Coats
4. DATE OF DEATH (Month) 11 (Day) 9 (Year) 53

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH
9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME William Jenifer
14. MOTHER'S MAIDEN NAME Anna Rachel Coats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS William Jenifer, Hughesville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 Immediate cause (a) Conflagration — INTERVAL BETWEEN ONSET AND DEATH 11-9-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Hughesville (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Using gasoline in lamp & it exploded.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen (Degree or title) MD, ADDRESS La Plata Md DATE SIGNED 11-10-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/12/53
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) Bryantown (State) Md.

DATE REC'D BY LOCAL REG. 11/11/53
REGISTRAR'S SIGNATURE Julia H Casey
24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

RECEIVED
NOV 16 1953
BUREAU V. S

Item 21 Film G160 12-7-53 ams

11051

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hughesville, Rural; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hughesville, Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Della (Middle) (Last) Coates

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 27 1948

9. AGE last birthday: 5 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Jenifer

14. MOTHER'S MAIDEN NAME: Anna Rachel Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: William Jenifer, Hughesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Conflagration

916.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 11-9-53

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Hughesville | (COUNTY): Charles | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Using gasoline in lamp & it exploded.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. J. Edelen (Degree or title) MD | ADDRESS: La Plata Md | DATE SIGNED: 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/12/53 | NAME OF CEMETERY OR CREMATORY: St. Mary's | LOCATION (City, town, or county) (State): Bryantown Md

DATE REC'D BY LOCAL REG. 11/10/53 | REGISTRAR'S SIGNATURE: Julia H Casey

24. FUNERAL DIRECTOR: Hunt & Ryon, Waldorf, Md. | ADDRESS

M5A

RECEIVED
NOV 16 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11052

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pomonkey, (Rural) — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington — COUNTY: D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 449 Newcomb St. S.E.

3. NAME OF DECEASED (Type or Print): (First) Ollie (Middle) S (Last) Davis

4. DATE OF DEATH: (Month) about 11/20 (Day) (Year) 1953

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married — 8. DATE OF BIRTH: 4/20/1911 — 9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic — 10b. KIND OF BUSINESS OR INDUSTRY: motor rebuilding — 11. BIRTHPLACE (State or foreign country): Va. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie F. Davis — 14. MOTHER'S MAIDEN NAME: Olie Clardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW2 — 16. SOCIAL SECURITY NO.: 239-12-0064 — 17. INFORMANT AND ADDRESS: Cornelia Davis 449 Newcomb St. S.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

.973.1
Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Carbon monoxide poisoning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE: Richard F. Daly — (Degree or title): M.D. — ADDRESS: La Plata, Md. — DATE SIGNED: 12/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 12/9/53 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 12/7/53 — REGISTRAR'S SIGNATURE: Julia H Casey — 24. FUNERAL DIRECTOR: W.W. Chambers Wash DC — ADDRESS

A15A

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12953

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - CHARLOTTE HALL
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - CHARLOTTE HALL
STREET ADDRESS (If rural, give location) ON Rt. #6 BETWEEN CHARLOTTE HALL AND LA PLATA, MARYLAND

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) G. (Last) HERBERT

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 26 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	CAUCASIAN-U.S.	MARRIED	FEBRUARY 27, 1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MARYLAND	U.S.

13. FATHER'S NAME: PETER MORAN

14. MOTHER'S MAIDEN NAME: ELLA SWANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	—	—	MR. WILLIAM L. HERBERT CHARLOTTE HALL, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) ARTERIO-SCLEROTIC HEART DISEASE (CARDIAC FAILURE)	2 YEARS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	10 YEARS
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— — — M.		—

22. I hereby certify that I attended the deceased from JUNE, 1947, to NOVEMBER, 1953, that I last saw the deceased alive on NOVEMBER 24, 1953, and that death occurred at 12:30 P.m. EST from the causes and on the date stated above.

SIGNATURE John N. Griffin (DEGREE OR TITLE) M.D. ADDRESS HUGHESVILLE, MD. DATE SIGNED 11/26/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE OF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/30/53	St Marys	Newport	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/27/53	Julia H Casey	Hewitt & Ryon	Waldorf Md

VS. A16 8-51

BUREAU V. S.

11054

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf X
LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Philip (Middle) Edward (Last) Hunt
4. DATE OF DEATH (Month) 11 (Day) 24 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1/14/1892
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Undertaker
10b. KIND OF BUSINESS OR INDUSTRY Funeral Director
11. BIRTHPLACE (State or foreign country) White Plains, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward Anderson Hunt
14. MOTHER'S MAIDEN NAME Hattie Ann Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1917-18
16. SOCIAL SECURITY No. 220-32-6580
17. INFORMANT AND ADDRESS Frank Hunt, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

97 X Immediate cause (a) Gunshot wound in chest — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY X Funeral home
(CITY OR TOWN) Waldorf (COUNTY) Chas. (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 24 (Year) 1953 (Hour) 10:30 a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Richard Daly (Degree or title) M. D. ADDRESS La Plata, Md. DATE SIGNED 11/27/53

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 11/27/53
NAME OF CEMETERY OR CREMATORY St. Peter's [illegible]
LOCATION (City, town, or county) Waldorf (State) Md.

DATE REC'D BY LOCAL REG. 11-27-53
REGISTRAR'S SIGNATURE M. L. Mouron
24. FUNERAL DIRECTOR ~~Hunt & Hunt~~ ADDRESS ~~Waldorf~~

James T. Ryan Inc. Penn Ave S.E. Washington

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11-55

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road; LENGTH OF STAY (in this place) 4 mos	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosalite	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Juliane (Middle) ~~Barbara~~ (Last) Prebble				4. DATE OF DEATH (Month) Nov. (Day) 15 (Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 23, 1953	9. AGE last birthday yrs.	If under 1 year Months 4 Days 22; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James Cornelius Prebble			14. MOTHER'S MAIDEN NAME Juliane Barbara Muench		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Jas. C. Prebble (Father).		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a)	Aspiration of Vomitus.	Immed.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None.	

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank Dunn	L.D.	Indian Head, Md	11-15-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11-17-53	NAME OF CEMETERY OR CREMATORY Bumpy Oaks	LOCATION (City, town, or county) (State) Pomonkey Md
DATE REC'D BY LOCAL REG. 11-17-53	REGISTRAR'S SIGNATURE M. L. Monroe	24. FUNERAL DIRECTOR Hunt & Ryan Waldorf, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] X

LENGTH OF STAY (in this place) 16 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [illegible] COUNTY [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belalton X

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) Richardson

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [illegible]ed

8. DATE OF BIRTH: 6-[illegible]-91

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles County Maryland

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Loysuis Thompson

14. MOTHER'S MAIDEN NAME: Elizabeth Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William Daniel Richardson, (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH [illegible]

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Auricular fibrillation — [illegible]

DUE TO

(c) Hypertension-arterial — [illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30-53, 19 11-1-53, 19....., that I last saw the deceased alive on 11-1-53, 19....., and that death occurred at 2:00 m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11-3-53

NAME OF CEMETERY OR CREMATORY TS Thomas

LOCATION (City, town, or county) Belalton Md (State)

DATE REC'D BY LOCAL REG. 11-2-53

REGISTRAR'S SIGNATURE M. L. Monroe Mrs Julia Posey mrb

24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 6 1933
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11057

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va. COUNTY Botetourt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fincastle
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lola (Middle) Rebecca (Last) Ross
4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Nov. 1, 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsw f.
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Smith Co. Va.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: S. M. Pennington
14. MOTHER'S MAIDEN NAME: Sarah Haga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Lester C. Ross, Fincastle, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 153X
Immediate cause (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH 3 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Metastases to Liver & Lungs — 18 Mos.
DUE TO (c) Carcinoma of Lower Bowel — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anemia — 3 Weeks

19a. DATE OF OPERATION: 1 May 1953
19b. MAJOR FINDINGS OF OPERATION: Funeral Metastases to Liver & Lungs
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1953, to 11-3, 1953 that I last saw the deceased alive on 11-3, 1953 and that death occurred at 11:42 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] M D Min. Hosp. Md 11-3-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/4/53
NAME OF CEMETERY OR CREMATORY Sherwood Park
LOCATION (City, town, or county) (State) Salem, Va.

DATE REC'D BY LOCAL REG. 11/3/53
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

RECEIVED
NOV 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

158

106

Reg. Dist. No. 2-45

1. PLACE OF DEATH:

County: Charles

City or town: Marshall Hall (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? less than one hour

Hospital, institution, or street address where death occurred: Marshall Hall

How long in hospital or institution? Less than one hour

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Hillside (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1111 - 60th Avenue (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: William Benjamin Stokes

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 7/8/99

8. AGE: Years: 54 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Washington, D. C. (Town, county, and state)

10. Usual occupation: Gas station operator

11. Industry or business: Self

MOTHER FATHER

12. Name: George Stokes

13. Birthplace: Unknown

14. Maiden name: Pyles

15. Birthplace: Unknown

16. Informant: Howard L. Stokes, son

Address: 1111 - 60th Avenue, Hillside, Md.

17. Burial (Burial, cremation, or removal Which?) Date thereof: 11/28/53 (month) (day) (year)

Cemetery or crematory: Washington National

Location: Suitland, Maryland

18. Funeral director: W. W. Chambers Co. W W Chambers Co.

Address: 517 11th St. S.E. Wash. D.C.

19. Nov 27 1953 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25 1953 at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 11/25/53 19.. to 11/25/53 19.. and that I last saw him alive on 11/25/53 19..

Immediate cause of death	DURATION
Acute alcoholism	Indefinite
Arterio-sclerotic heart disease	Indef.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results: None made

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. D. or other

Address: Indianhead, Md. Date signed: 11/25/53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V.S.-15 9-45-15M

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-15 45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County Charles

City or town Chicamuxen (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred: Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Charles

City or town Chicamuxen (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Frank Swann

3. (b) Social Security Number

4. Sex Male

5. Color or race Old

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Mary Ellen Swann

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 12 1874

8. AGE: Years 79 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Chicamuxen Maryland (Town, county, and state)

10. Usual occupation Powder Factory Attendant

11. Industry or business "

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. [redacted] name ?

15. Birthplace ?

16. Informant Ollie Swann

Address Chicamuxen

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 7, 1953 (month) (day) (year)

Cemetery or crematory Chicamuxen Methodist (Old)

Location Chicamuxen

18. Funeral director Stanley Terry

Address Pisgah Md

19. Nov. 4 1953 (Date rec'd by registrar) Mary Smithsland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4th 1953 at 9:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1st 1953 to Nov. 4 1953 and that I last saw him alive on Nov. 3 1953

Immediate cause of death Cerebral Hemorrhage — DURATION

Due to

Due to

Other conditions 331X

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE George C. Bicknell M.D. M. D. or other

Address Marbury Md Date signed Nov. 4, 1953

BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11060

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Newport X
LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Near Newport X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Coy (Last) Thomas
MICHAEL VERNON

4. DATE OF DEATH: (Month) Nov (Day) 26 (Year) 1953

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): —
8. DATE OF BIRTH: 11/25/53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 22 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Andrew Thomas
14. MOTHER'S MAIDEN NAME: Mary Clementine Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

762.5

Immediate cause (a) Asphyxia - atalectasis — INTERVAL BETWEEN ONSET AND DEATH: 22 hrs

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Prematurity - 7 mos

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 26, 1953, to Nov 27, 1953, that I last saw the deceased alive on Nov 26, 1953, and that death occurred at 5-30 p.m., from the causes and on the date stated above.

SIGNATURE J Roy Guyther, MD (DEGREE OR TITLE) ADDRESS Mechanicsville Md DATE SIGNED 11/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/27/53
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) Newport, Md (State)
DATE REC'D BY LOCAL REG. 11/27/53
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Joseph A Thomas, Newport, Md ADDRESS

40X3245343

RECEIVED
NOV 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11061

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Waldorf)
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY V-43 3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampton Va
STREET ADDRESS (If rural, give location) 916 Westwood ave

3. NAME OF DECEASED (Type or Print) (First) A (Middle) Fred (Last) Wood
4. DATE OF DEATH (Month) 11 (Day) 29 (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 4-6-04
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chicken Int Rev. Agent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hampton Va 43
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Fred Wood
14. MOTHER'S MAIDEN NAME Callahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Evelyn Lyden Wood R.F.D. 2 Federalsburg Md. 420 915 Westwood Ave, Hampton Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 11-29-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Waldorf (COUNTY) Chas (STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Redelen (Degree or title) MD. ADDRESS La Plata Md DATE SIGNED 11-29-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-1-53
NAME OF CEMETERY OR CREMATORY Centerville Md
LOCATION (City, town, or county) Centerville (State) Md

DATE REC'D BY LOCAL REG. 11-30-53
REGISTRAR'S SIGNATURE W. L. Monroe
24. FUNERAL DIRECTOR ~~Hunt & Bryan~~ ~~Waldorf Md~~ ADDRESS
Barton Bros. Centerville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 1 1953
BUREAU V. S.